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B 22C (Official Form 22C) (Chapter 13) (04/13) In re: Carolyn A. Johnson

Case Number: 13-43233-DML

According to the calculations required by this statement:					
☐ The applicable commitment period is 3 years.					
The applicable commitment period is 5 years.					
Disposable income is determined under § 1325(b)(3).					
Disposable income is not determined under § 1325(b)(3).					
(Check the boxes as directed in Lines 17 and 23 of this statement.)					

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		a may complete one etatement only.						
		Part I. RE	PORT OF INC	OME				
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.							
		a. ☐ Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. ☑ Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.						
-		gures must reflect average monthly income receive						
1		ng the six calendar months prior to filing the bankru			Column A	Column B		
		e month before the filing. If the amount of monthly		•	Debtor's	Spouse's		
		ths, you must divide the six-month total by six, and	enter the result on	the	Income	Income		
	appropriate line.							
2		ss wages, salary, tips, bonuses, overtime, com		at Line Is from	\$1,436.14	\$12,595.17		
	Inco Line	me from the operation of a business, professio a and enter the difference in the appropriate colum	n, or tarm. Subtra	ou operate more				
	than	one business, profession or farm, enter aggregate	numbers and prov	ride details on				
3		ttachment. Do not enter a number less than zero. ness expenses entered on Line b as a deductio		any part of the				
		•		¢0.00				
	a.	Gross receipts	\$0.00	\$0.00				
	b.	Ordinary and necessary business expenses	\$0.00	\$0.00	***	* 0.00		
	C.	Business income tand other real property income. Subtract Line I	Subtract Line b		\$0.00	\$0.00		
		rence in the appropriate column(s) of Line 4. Do no						
		ot include any part of of the operating expense	s entered on Line	b as a deduction	1			
4		Grace receipts	\$0.00	\$0.00				
	a. b.	Gross receipts Ordinary and necessary operating expenses	\$0.00	\$0.00				
	<u> </u>		-	,	\$0.00	¢0.00		
5	C.	Rent and other real property income rest, dividends, and royalties.	Subtract Line b	nom Line a	\$0.00 \$0.00	\$0.00 \$0.00		
6		sion and retirement income.			\$0.00	\$0.00		
		amounts paid by another person or entity, on a	regular basis, for	the household	+ + + + + + + + + + + + + + + + + + + +	40.00		
7		enses of the debtor or the debtor's dependents,						
•		purpose. Do not include alimony or separate mair by the debtor's spouse. Each regular payment sho						
		mn; if a payment is listed in Column A, do not repor			\$0.00	\$0.00		
		mployment compensation. Enter the amount in		` '				
8		ever, if you contend that unemployment compensa						
	•	ise was a benefit under the Social Security Act, do pensation in Column A or B, but instead state the a						
			· · · · · · · · · · · · · · · · · · ·					
		employment compensation claimed to be a	Debtor	Spouse		40.00		
		nefit under the Social Security Act	\$0.00	\$0.00	\$0.00	\$0.00		
		me from all other sources. Specify source and a ces on a separate page. Total and enter on Line 9						
	sepa	arate maintenance payments paid by your spou						
		imony or separate maintenance. Do not include Social Security Act or payments received as a victin						
9		anity, or as a victim of international or domestic teri		ine against				
	_				,			
	a.							
	b.							
					\$0.00	\$0.00		

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10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s). \$1,436.14					
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A. \$14,					
	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT	PERIOD				
12	Enter the amount from Line 11.		\$14,031.31			
13	Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if you calculation of the commitment period under § 1325(b)(4) does not require inclusion of the in spouse, enter on Line 13 the amount of income listed in Line 10, Column B that was NOT paregular basis for the household expenses of you or your dependents and specify, in the lines basis for excluding this income (such as payment of the spouse's tax liability or the spouse's persons other than the debtor or the debtor's dependents) and the amount of income devote purpose. If necessary, list additional adjustments on a separate page. If the conditions for eadjustment do not apply, enter zero.	come of your aid on a s below, the support of ed to each				
	a.					
	b.					
	c.					
	Total and enter on Line 13.		\$0.00			
14	Subtract Line 13 from Line 12 and enter the result.		\$14,031.31			
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.					
16	Applicable median family income. Enter the median family income for applicable state ar size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of t court.)	he bankruptcy				
	a. Enter debtor's state of residence: Texas b. Enter debtor's household Application of § 1325(b)(4). Check the applicable box and proceed as directed.	old size: 2	\$55,895.00			
17	The amount on Line 15 is less than the amount on Line 16. Check the box for "The 3 years" at the top of page 1 of this statement and continue with this statement. The amount on Line 15 is not less than the amount on Line 16. Check the box for "is 5 years" at the top of page 1 of this statement and continue with this statement.					
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISP	OSABLE INCOM	1E			
18	Enter the amount from Line 11.		\$14,031.31			
19	Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.					
	a.					
	b.					
	С.		\$0.00			
	Total and enter on Line 19.					

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20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.			
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.			
22	Applicable median family income. Enter the amount from Line 16. \$55,895			
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed. ✓ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. ☐ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. DO NOT COMPLETE PARTS IV, V, OR VI.			

		Part IV. C	ALCULATION	OF D	EDUCTIONS FROM INC	OME	
	Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)						
24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living				wable Living .gov/ust/ or at would	\$1,029.00	
24B	Out-or for Out-or www.u perso 65 year categrof any perso perso amou	nal Standards: health care. f-Pocket Health Care for perso ut-of-Pocket Health Care for pe usdoj.gov/ust/ or from the clerk ns who are under 65 years of a ars of age or older. (The applia ory that would currently be allo or additional dependents whom ns under 65, and enter the res ns 65 and older, and enter the nt, and enter the result in Line	ns under 65 years of a of the bankruptcy age, and enter in Licable number of pewed as exemptions you support.) Multin Line c1. Multin sult in Line c2.	of age age or court.) ine b2 ersons s on yo iply Lin Add Lir	, and in Line a2 the IRS Nation older. (This information is ava Enter in Line b1 the applicable the applicable number of persoin each age category is the nurur federal income tax return, pe a1 by Line b1 to obtain a total es c1 and c2 to obtain a total les c1 and c2 to obtain a total	nal Standards ilable at e number of ons who are mber in that lus the number al amount for al amount for health care	
	Pers	sons under 65 years of age		Pers	sons 65 years of age or olde	r	
	a1.	Allowance per person	\$60.00	a2.	Allowance per person	\$144.00	
	b1.	Number of persons	2	b2.	Number of persons		
	c1.	Subtotal	\$120.00	c2.	Subtotal	\$0.00	\$120.00
25A	and U inform family	Standards: housing and util dtilities Standards; non-mortgage nation is available at www.usdo size consists of the number th	ge expenses for the j.gov/ust/ or from that would currently l	e applic ne clerl be allo	cable county and family size. (c of the bankruptcy court.) The wed as exemptions on your fec	This applicable	\$551.00
		size consists of the number th turn, plus the number of any ac	•			deral income	

25B	IRS infor fami tax r	al Standards: housing and utilities; mortgage/rent expense. Enter, in Housing and Utilities Standards; mortgage/rent expense for your county of mation is available at www.usdoj.gov/ust/ or from the clerk of the bankruply size consists of the number that would currently be allowed as exempted turn, plus the number of any additional dependents whom you support) Average Monthly Payments for any debts secured by your home, as stated Line a and enter the result in Line 25B. DO NOT ENTER AN AMOUNT	and family size (this ptcy court) (the applicable ions on your federal income ; enter on Line b the total of ed in Line 47; subtract Line b		
	a.	IRS Housing and Utilities Standards; mortgage/rent expense	\$1,187.00		
	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$1,840.86		
	c.	Net mortgage/rental expense	Subtract Line b from Line a.	\$0.00	
26	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:				
	You	al Standards: transportation; vehicle operation/public transportation are entitled to an expense allowance in this category regardless of whether atting a vehicle and regardless of whether you use public transportation.			
27A	Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
27B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				

28	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. DO NOT ENTER AN AMOUNT LESS THAN ZERO.				
	a. IRS Transportation Standards, Ownership Costs \$517.00 b. Average Monthly Payment for any debts secured by Vehicle 1, as				
	stated in Line 47 \$41.67	\$475.33			
29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. DO NOT ENTER AN AMOUNT LESS THAN ZERO.	\$473.33			
	a. IRS Transportation Standards, Ownership Costs \$517.00				
	b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 \$546.45				
	c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a.	\$0.00			
30	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. DO NOT INCLUDE REAL ESTATE OR SALES TAXES.	\$2,945.68			
31	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. DO NOT INCLUDE DISCRETIONARY AMOUNTS, SUCH AS VOLUNTARY 401(K) CONTRIBUTIONS.				
32	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. DO NOT INCLUDE PREMIUMS FOR INSURANCE ON YOUR DEPENDENTS, FOR WHOLE LIFE OR FOR ANY OTHER FORM OF INSURANCE.				
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. DO NOT INCLUDE PAYMENTS ON PAST DUE OBLIGATIONS INCLUDED IN LINE 49.	\$1,638.00			
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. \$0.				
35	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcaresuch as baby-sitting, day care, nursery and preschool. DO NOT INCLUDE OTHER EDUCATIONAL PAYMENTS.	\$0.00			
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend				
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone servicesuch as pagers, call waiting, caller id, special long distance, or internet serviceto the extent necessary for your health and welfare or that of your dependents. DO NOT INCLUDE ANY AMOUNT PREVIOUSLY DEDUCTED.				
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.	\$7,105.04			

		iving Expense Deductions es that you have listed in Lines 24-37			
	Health Insurance, Disability Insurance, and Health Savinexpenses in the categories set out in lines a-c below that ar spouse, or your dependents.				
20	a. Health Insurance	\$1,005.60			
39	b. Disability Insurance	\$0.00			
	c. Health Savings Account	\$0.00			
	Total and enter on Line 39		\$1,005.60		
	IF YOU DO NOT ACTUALLY EXPEND THIS TOTAL AMOU expenditures in the space below:	NT, state your actual total average monthly			
40	Continued contributions to the care of household or far monthly expenses that you will continue to pay for the reaso elderly, chronically ill, or disabled member of your househol unable to pay for such expenses. DO NOT INCLUDE PAYI	onable and necessary care and support of an d or member of your immediate family who is	\$0.00		
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.				
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.				
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST EXPLAIN WHY THE AMOUNT CLAIMED IS REASONABLE AND NECESSARY AND NOT ALREADY ACCOUNTED FOR IN THE IRS STANDARDS.				
44	Additional food and clothing expense. Enter the total average clothing expenses exceed the combined allowances for foo IRS National Standards, not to exceed 5% of those combinat www.usdoj.gov/ust/ or from the clerk of the bankruptcy combined and the combination of the bankruptcy of ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND	d and clothing (apparel and services) in the ed allowances. (This information is available ourt.) YOU MUST DEMONSTRATE THAT THE			
45	5 Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). DO NOT INCLUDE ANY AMOUNT IN EXCESS OF 15% OF YOUR GROSS MONTHLY INCOME.				
46	Total Additional Expense Deductions under § 707(b). E	nter the total of Lines 39 through 45.	\$1,255.60		

	Subpart C: Deductions for Debt Payment								
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.								
	Name of Creditor Property Securing the Debt Average Monthly include taxes Payment or insurance?								
	a. American Home Mortgage Homestead \$1,840.86 ☐ yes ☑ no								
	b.	Capital One Auto Finance	2005 Chevrolet Suburban	\$229.05	□ yes 🗹 no				
	c.	Capital One Auto Finance	2006 Chevrolet Aveo	\$41.67	□ yes 🗹 no				
		(See continuation page.)		Total: Add		¢2 500 77			
				Lines a, b and c		\$2,599.77			
48	resid you in ac amo fored	er payments on secured claims. Ilence, a motor vehicle, or other promay include in your deduction 1/60 addition to the payments listed in Lineunt would include any sums in defactorsure. List and total any such amparate page. Name of Creditor	perty necessary for your support th of any amount (the "cure amou e 47, in order to maintain possess ault that must be paid in order to a	or the support of yount") that you must posion of the property. Ivoid repossession of cessary, list addition	our dependents, pay the creditor The cure				
	a.	American Home Mortgage	Homestead		\$766.67				
	b.								
	c.								
				Total: Add	Lines a, b and c	\$766.67			
49	as p	ments on prepetition priority clai riority tax, child support and alimon . DO NOT INCLUDE CURRENT C	y claims, for which you were liable	e at the time of your	bankruptcy	\$223.33			
		pter 13 administrative expenses.	Multiply the amount in Line a by	the amount in Line	b, and enter the				
		Iting administrative expense.	or 12 plan payment		\$1,220,00				
50	a. Projected average monthly chapter 13 plan payment. b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)								
	C.	Average monthly administrative e	expense of chapter 13 case	Total: Multip	bly Lines a and b	\$120.54			
51	51 Total Deductions for Debt Payment. Enter the total of Lines 47 through 50.								
		Sı	bpart D: Total Deductions fr	om Income					
52	Tota	I of all deductions from income.	Enter the total of Lines 38, 46 a	nd 51.		\$12,070.95			
		Part V. DETERMINA	TION OF DISPOSABLE IN	ICOME UNDER	8 § 1325(b)(2)				
53	Tota	I current monthly income. Enter	the amount from Line 20.			\$14,031.31			
	Support income. Enter the monthly average of any child support payments, foster care payments, or								

	Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)	
53	Total current monthly income. Enter the amount from Line 20.	\$14,031.31
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.	

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55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).					
56	Tota	I of all deductions allowed under § 707(b)(2). Enter the amount from Lir	ne 52.	\$12,070.95		
57	Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF THESE EXPENSES AND YOU MUST PROVIDE A DETAILED EXPLANATION OF THE SPECIAL CIRCUMSTANCES THAT MAKE SUCH EXPENSES NECESSARY AND REASONABLE. Nature of special circumstances Amount of expense					
	a.	Additional living expenses for employment out of state	\$1,831.00			
	b. Husband's Chapter 13 payment (est. after mod.) \$802.00					
	C. Total: Add Lines a, b, and c					
58	Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result.					
59	Mon	thly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line	53 and enter the result.	(\$2,142.64)		

		Part \	I: ADDITIONAL	EXPENSE CLAIMS	
	and w under	Expenses. List and describe any relfare of you and your family and tha § 707(b)(2)(A)(ii)(I). If necessary, list ly expense for each item. Total the	t you contend should at additional sources o	be an additional deduction fr	om your current monthly income
60		Exp	ense Description		Monthly Amount
00	a.				
	b.				
	c.				
			Т	otal: Add Lines a, b, and c	\$0.00
			Part VII: VERI	FICATION	
		are under penalty of perjury that the i	·	n this statement is true and co	orrect.
61		Date: 7/30/2013	Signature:	/s/ Carolyn A. Johnson Carolyn A. Johnson	
		Date:	Signature:	(Inite Debte	- if)
				(Joint Debto	r, ir any)

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47. Future payments on secured claims (continued):

Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?
FSNB	2007 Toyota 4Runner	\$317.40	🔲 yes 🛮 📝 no
McPherson Ranch Owner's Assn	Homestead	\$18.68	🔲 yes 🛮 🗹 no
Northwest ISD	Homestead	\$76.07	🗌 yes 🛛 no
Tarrant County	Homestead	\$76.04	yes no